

10/10/14 541

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD.

Effective January 1, 2003

0739D-000090/20B

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                 |                          |
|----------------------------------|-----------------|--------------------------|
| TOTAL CLAIMS                     | 20              |                          |
| FOR                              | NUMBER FILED    | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 20 minus 20 = * | 0                        |
| INDEPENDENT CLAIMS               | 4 minus 3 = *   | 1                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| Total                                                                   | * 20                             | Minus | ** 20                              | =             |
| Independent                                                             | * 4                              | Minus | *** 9                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

16/11/16

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| Total                                                                   | * .                              | Minus | ** .                               | =             |
| Independent                                                             | * .                              | Minus | *** .                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 375.00 | OR BASIC FEE | 750.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X42=      |        | OR X84=      | 84     |
| +140=     |        | OR +280=     |        |
| TOTAL     |        | OR TOTAL     | 834    |

OTHER THAN  
SMALL ENTITY

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| X\$ 9=           |                | OR X\$18=           |                |
| X42=             |                | OR X84=             |                |
| +140=            |                | OR +280=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT C                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| Total                                                                   | * .                              | Minus | ** .                               | =             |
| Independent                                                             | * .                              | Minus | *** .                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| X\$ 9=           |                | OR X\$18=           |                |
| X42=             |                | OR X84=             |                |
| +140=            |                | OR +280=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy